BEST AVAILABLE COPY

Application or Docket Number

<i>:</i> .	PATENT A	APPLICATIO	1	Application								
Effective October 1, 2000									134	1-	1090	1
		CLAIMS AS	PART 1)	(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10					RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/0 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		• /			X40=		OR	X80=	80
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					. 105	<u> </u>	1	.070	00
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2	•	+135=		OR	+270=	786
CLAIMS AS AMENDED - PART II								TOTAL		ОН	TOTAL	THAN
	O I	(Column 1)	(Column 2)			(Column 3)	<u>.</u> .	SMALL ENTITY			OTHER SMALL I	L.
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=	
							L	TOTAL		OR	TOTAL	: 
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	
~	CLAIMS		HIGH		EST				ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	1	OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDEN	CLAIM		▎▐	+135=		OR	+270=	
							L	TOTAL		ام	TOTAL	
	(Column 1) (Column 2) (Column 3)								·		ADDIT. FEE	
ပ	CLAIMS			HIGH NUM			Т		ADDI-			ADDI-
AMENDMENT (	a constant of the second	REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .	IJÌ	X\$ 9=		OR	X\$18=	ï
	Independent	*	Minus	***	<del></del>	=	<b>∮</b>	X40=		OR	X80=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		┧┟		1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	nd in the a	ppropriate bo	x in co	lumn 1.	